#### **DOD ESTABLISHMENT INSPECTION REPORT**

Town of Scituate / Board of Health 600 Chief Justice Cushing Highway Scituate, Massachusetts 02066

Tei. (781) 545-8725 Fax (781) 545-8866

Vame Cushinci Elementary	Date / Date	Type of Operation(s) Food Service	Type of Inspection Routine
Address I Aberdeen DR	Risk	Retail	Re-inspection
Felephone SS 9170	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner TOWN	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC) Jane A. O. Connor	Time	Bed & Breakfast	General Complaint HACCP
nspector I / www.	In: Out:	Permit No.	Other
ach violation checked requires an explanation on the narr			
/iolations Related to Foodborne Illness Interventions and /iolations marked may pose an imminent health hazard and reaction as determined by the Board of Health.		Anti-Choi e corrective Tobacco	n-compliance with: king 590.009 (E) 590.009 (F) Awareness 590.009 (G)
OOD PROTECTION MANAGEMENT	12. Preve	ntion of Contamination from	Hands
1. PIC Assigned / Knowledgeable / Duties	13. Handy	wash Facilities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	ay sang mpunggat na managat na sa
2. Reporting of Diseases by Food Employee and PiC	☐ 14. Appro	ved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	15, Toxic	Chemicals	
OOD FROM APPROVED SOURCE  4. Food and Water from Approved Source	15 1 155 1 707 1 m	RATURE CONTROLS (Potentia	illy Hazardous Foods)
☐ 5. Receiving/Condition HOTV	☐ 16. Cookii	ng Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	🔲 17. Rehea	ating ()	is Tampse
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Coolir	ig (Carrier	0 - 1
PROTECTION FROM CONTAMINATION	19. Hot ar	nd Cold Holding	
☐ 8. Separation/ Segregation/ Protection	☐ 20. Time /	As a Public Health Control	
☐ 9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIB and Food Preparation for H	
10. Proper Adequate Handwashing			
☐ 11. Good Hygienic Practices		DVISORY ng of Consumer Advisories	ACAM TARS IN THE PROPERTY OF T
		ig of Colladities Advisories	
iolations Related to Good Retail Practices (Blue Items) ritical (C) violations marked must be corrected nmediately or within 10 days as determined by the Board		FViolated Provisions Re orne Illnesses Interventi	
f Health. Non-critical (N) violations must be corrected nmediately or within 90 days as determined by the Board		actors (Red Items 1-22)	
Health.		der for Correction: Base tems checked indicate vio	
C N	590.000/fe	deral Food Code. This rep	port, when signed below
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	by a Board	of Health member or its a	agent constitutes an
25. Equipment and Utensils (FC-4)(590.005)		Board of Health. Failure report may result in susp	
26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and co	essation of food
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve t to a hearing. Your reque	
28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)	and submit	ted to the Board of Health	at the above address
30. Other	within 10 da	ays of receipt of this order	r.
	DATE OF R	E-INSPECTION:	
Inspector's Signature: Allam A Print:		Muroh	1 1
PIC's Signature: Print:	SAL	ET Common	Page of Pages
ORM 734A			

#### **Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name Cushing Elemon Pary		Date 3/26/19	Type of Operation(s) Food Service	Type of Inspection Routine
Address Managen DC		Risk	Retail	Re-inspection
Telephone 78 / 545 - 8770		Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner Town		HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC) Janot O Comm	n	Time	☐ Bed & Breakfast	General Complaint HACCP
Inspector Mumhu		In: Out:	Permit No.	Other
Each violation checked requires an explanation on	he narra	ative page(s) a	-	
Violations Related to Foodborne Illness Interventio Violations marked may pose an imminent health hazar			Anti-Choki	-compliance with: ng 590.009 (E) 590.009 (F)
action as determined by the Board of Health.	a and rec	quire irimediate	Allergen A	wareness 590.009 (G)
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	-	12. Prever	ntion of Contamination from H	ands
EMPLOYEE HEALTH		☐ 13. Handv	vash Facilities	
2. Reporting of Diseases by Food Employee and PIC		PROTECTION	FROM CHEMICALS	1
3. Personnel with Infections Restricted/Excluded		14. Approv	ved Food or Color Additives	
FOOD FROM APPROVED SOURCE		15. Toxic	Chemicals	
4. Food and Water from Approved Source		TIME/TEMPER	ATURE CONTROLS (Potential)	y Hazardous Foods)
5. Receiving/Gondition Hotz		☐ 16. Cookin	ng Temperatures	
6. Tags/Records/Accuracy of Ingredient Statements		🔲 17. Rehea	ting Refrig	iemosc
☐ 7. Conformance with Approved Procedures/HACCP Plan	s	18. Cooling	g Net 1	V
PROTECTION FROM CONTAMINATION	1		d Cold Holding	
8. Separation/ Segregation/ Protection		☐ 20. Time A	As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing			TS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HSF	
☐ 10. Proper Adequate Handwashing			· ·	
11. Good Hyglenic Practices			g of Consumer Advisories	
* Clean can opener		22. FOSUII	g of consumer Advisories	
Violations Related to Good Retail Practices (Blue Itel	ns)			-
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Boar	·d		Violated Provisions Rela	
of Health. Non-critical (N) violations must be corrected	u		rne Illnesses Interventio: actors (Red Items 1-22):	ns   O
immediately or within 90 days as determined by the Boar	ď		ler for Correction: Based	on an inspection
of Health.			ems checked indicate viola	
23. Management and Personnel (FC-2)(590.003	)		leral Food Code. This repo	
24. Food and Food Protection (FC-3)(590,004	-		of Health member or its ag Board of Health. Failure t	
25. Equipment and Utensils (FC-4)(590.005			report may result in suspe	
26. Water, Plumbing and Waste (FC-5)(590.006	)	the food est	ablishment permit and ces	sation of food
27. Physical Facility (FC-6)(590.007)			nt operations. If aggrieved	
28. Poisonous or Toxic Materials (FC-7)(590,008 29. Special Requirements (590,009	-		to a hearing. Your reques ed to the Board of Health a	
30. Other	,		ys of receipt of this order.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
			-INSPECTION:	
Inspector's Signature:	Print:	J Mu	mhu	. 1
PIC's Signature:	Print:		7-1	Page L of Pages

FOOD ESTABLISHMENT INSPECTION REPORT

Name Gates Middle School	Date / 19		Type of Inspection Routine
Address 460 First Poinsh Re	Risk Level	Retail Residential Kitchen	Re-inspection Previous Inspection
Telephone 545- 8760	20701	☐ Mobile ☐ Temporary	Date:
Owner Town	HACCP Y/N	☐ Caterer	Suspect lilness
Person in Charge (PIC) Louis S. S. Frankld	Time In:	Bed & Breakfast	☐ General Complaint☐ HACCP
Inspector J Murnky	Out:	Permit No.	Other
Each violation checked requires an explanation on the na	arrative page(s) a		
Violations Related to Foodborne Illness Interventions an	d Risk Factors	<i>Non-</i> Anti-Chokii	-compliance with: ng 590.009 (E)
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.		e corrective Tobacco Allergen A	590.009 (F) wareness 590.009 (G)
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FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	_	ntion of Contamination from H wash Facilities	ands
EMPLOYEE HEALTH		FROM CHEMICALS	but an education and in the second
Reporting of Diseases by Food Employee and PIC	C 6, 7, 1 (97.9)	ved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		
FOOD FROM APPROVED SPURGE	1/	ATURE CONTROLS (Potential)	v Hazardous Foods)
4. Food and Water from Approved Source	" (JAS) 6	ng Temperatures	milian til modern skall filler skin a
5. Receiving/Condition	☐ 17. Rehea	ation at	
6. Tags/Records/Accuracy of Ingredient Statements	18. Coolin	126-21	emps c
7. Conformance with Approved Procedures/HACCP Plans		nd Cold Holding	•
PROTECTION FROM CONTAMINATION  8. Separation/ Segregation/ Protection		As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBLE	
10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for HSI	
11. Good Hygienic Practices		DVISORY	William Valley 1 mg The Control
The Good Hygielio Haddeds	22. Postir	ng of Consumer Advisories	
Violations Related to Good Retall Practices (Blue Items)			
Critical (C) violations marked must be corrected		Violated Provisions Rela	
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		orne Illnesses Interventio actors (Red Items 1-22):	ns O
immediately or within 90 days as determined by the Board		der for Correction: Based	on an inspection
of Health.	today, the It	tems checked indicate viola	ations of 105 CMR
23. Management and Personnel (FC-2)(590.003)		deral Food Code. This repo of Health member or its ag	
24. Food and Food Protection (FC-3)(590.004)		Board of Health. Failure t	
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		report may result in suspe	
27. Physical Facility (FC-6)(590.007)		tablishment permit and ces ent operations. If aggrieved	
28. Poisonous or Toxic Materials (FC-7)(590.008)	have a right	t to a hearing. Your reques	t must be in writing
29. Special Requirements (590,009)		ted to the Board of Health a	at the above address
30. Other		ays of receipt of this order. E-INSPECTION:	
Inspector's Signature: Prin	t: 1 M.	umh	T
PIC's Signature: Prin	<u> </u>	S. F. K. Crerds	Page of Pages
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FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health 600 Chief Justice Cushing Highway Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name Gates Middle School	Date / 19	Type of Operation(s) Food Service	Type of Inspection Routine
Address 460 15T Parish	Risk	Retail	Re-inspection
Telephone 181 545 - 8760	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner TO(U)	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness
	Time	Bed & Breakfast	General Complaint
Inspector    Person in Charge (PIC)   Louise Fitzgaralo	In:	Permit No.	HACCP Other
Each violation checked requires an explanation on the narr	Out:		
Lacit violation checked requires an explanation on the hart	ative page(3) t	_	n-compliance with:
Violations Related to Foodborne Illness Interventions and		Anti-Chol	• • • • • •
Violations marked may pose an imminent health hazard and re	quire immediate	e corrective Tobacco Allergen	590.009 (F) Awareness 590.009 (G)
action as determined by the Board of Health.		_	- Postlog
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ntion of Contamination from	
1. PIC Assigned / Knowledgeable / Duties	🖊 🔲 13. Handv	wash Facilities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	1
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appro	ved Food or Color Additives	4
3. Personnel with Infections Restricted/Excluded	_		
FOOD FROM APPROVED SOURCE	_	ATURE CONTROLS (Potentia	ally Hazardous Foods)
4. Food and Water from Approved Source		ng Temperatures	, , , , , , , , , , , , , , , , , , ,
5. Receiving/Condition			
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea		- /
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Coolin	19 Ketr	is Temps
PROTECTION FROM CONTAMINATION		nd Cold Holding	
8. Separation/ Segregation/ Protection		As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for H	
10. Proper Adequate Handwashing		and 1 cod 1 reparation for the	51
11. Good Hygienic Practices,	CONSUMER A		Q
* Hair nets/ hats reguired.	LJ 22. Postir	ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items)			
Critical (C) violations marked must be corrected		Violated Provisions Re	(m )
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		orne Illnesses Interventi	
immediately or within 90 days as determined by the Board		factors (Red Items 1-22) der for Correction: Base	
of Health.		tems checked indicate vic	
23. Management and Personnel (FC-2)(590.003)	590.000/fed	deral Food Code. This rep	port, when signed below
24. Food and Food Protection (FC-3)(590.004)		of Health member or its a Board of Health. Failure	
25. Equipment and Utensils (FC-4)(590.005)		report may result in susp	
26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and co	essation of food
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve	
28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)		t to a hearing. Your reque ted to the Board of Health	
30. Other	within 10 da	ays of receipt of this orde	
	DATE OF RI	E-INSPECTION:	
Inspector's Signature: Print:	1	Vienha	
PIC's Signature: Print:	0/	Slovens	Page of Pages

FORM 734A

FORM 734A

OOD ESTABLISHMENT INSPECTION REPORT

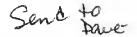
vame Hetherly Elementary	Date	Type of Operation(s)	Type of Inspection
	9/12/19 Risk	Food Service	Routine Re-inspection
10 Ann Vingl Ra	Level	Residential Kitchen	Previous Inspection
348.0100	1.1.2.2.	│	Date:
Owner Town	HACCP Y/N	☐ Caterer	Suspect Illness
Person in Charge (PIC) Dunna Devnello	Time	Bed & Breakfast	General Complaint HACCP
nspector J Murph1	In: Out:	Permit No.	Other
ach violation checked requires an explanation on the narr	ative page(s) a		fic provision(s) violated.
/iolations Related to Foodborne Illness Interventions and /iolations marked may pose an imminent health hazard and reaction as determined by the Board of Health.		Anti-Ch e Corrective Tobacc Allerge	
OOD PROTECTION MANAGEMENT	12. Preve	ntion of Contamination fro	m Hands
1. PIC Assigned / Knowledgeable / Duties	🔲 13. Handy	vash Facilities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	
Reporting of Diseases by Food Employee and PIC	☐ 14. Appro	ved Food or Color Additive	es es
3. Personnel with Infections Restricted/Excluded	15. Toxic	Chemicals	
OOD FROM APPROVED SOURCE  4. Food and Water from Approved Source	TIME/TEMPER	ATURE CONTROLS (Poten	tially Hazardous Foods)
☐ 5. Receiving/Condition	Company of the Company	ng Temperatures	
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☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Coolin		fry tempse
☐ 7. Conformance with Approved Procedures/HACCP Plans		d Cold Holding	- 4
PROTECTION FROM CONTAMINATION		As a Public Health Control	
3. Separation/ Segregation/ Protection		TS FOR HIGHLY SUSCEPT	DIE BODULATIONS (USD)
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for	
10. Proper Adequate Handwashing	Consumer h	Diffe and the second se	A Sala Contract of the Contract of
11. Good Hygienic Practices		DVISORY  ng of Consumer Advisories	
iolations Related to Good Retail Practices (Blue Items)			
ritical (C) violations marked must be corrected inmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected inmediately or within 90 days as determined by the Board of Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	To Foodbo and Risk F Official Or	Violated Provisions F irne Illnesses Interven actors (Red Items 1-2: der for Correction: Base tems checked indicate v	tions 2): sed on an inspection
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	of Health member or its Board of Health. Failu report may result in su tablishment permit and ent operations. If aggrie t to a hearing. Your requ	s agent constitutes an re to correct violations spension or revocation of cessation of food ved by this order, you uest must be in writing th at the above address
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)	by a Board order of the cited in this the food est establishme have a right and submitt within 10 da DATE OF RE	of Health member or its Board of Health. Failu report may result in sustablishment permit and ent operations. If aggrie to a hearing. Your requed to the Board of Healtys of receipt of this ord	s agent constitutes an re to correct violations spension or revocation of cessation of food ved by this order, you uest must be in writing th at the above address

FOOD ESTABLISHMENT INSPECTION REPORT

Name Hatherly Elementary Shad!  Address 72 Ann Vival Rd.  Telephone 781585 - 2780  Owner TOWN  Person in Charge (PIC) Donna Demello  Inspector Ja Manna	Date 2 1/9 Risk Level  HACCP Y/N  Time In:	Type of Operation(s)    State   Food Service     Retail     Residential Kitchen     Mobile     Temporary     Caterer     Bed & Breakfast     Permit No.	Type of Inspection  Routine Re-Inspection Previous Inspection Date: Pre-operation Suspect Illness General Complaint HACCP Other
	Out:		
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.  FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	Risk Factors quire immediate  12. Preven	No Anti-Chol e corrective Tobacco	n-compliance with: xing 590.009 (E)  590.009 (F)  Awareness 590.009 (G)
EMPLOYEE HEALTH		FROM CHEMICALS	CS 21 948 6 . 9 0.
Reporting of Diseases by Food Employee and PIC	. 5	ved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	✓ ☐ 15. Toxic		
FOOD FROM APPROVED SOURCE		ATURE CONTROLS (Potentia	lly Hazardous Foods)
4. Food and Water from Approved Source	The state of	ng Temperatures	a data da
5. Receiving/Condition	☐ 17. Rehea	•	
6. Tags/Records/Accuracy of Ingredient Statements	18. Coolin		
7. Conformance with Approved Procedures/HACCP Plans PROTECTION FROM CONTAMINATION	/	d Cold Holding	
		As a Public Health Control	
8. Separation/ Segregation/ Protection		TS FOR HIGHLY SUSCEPTIB	E POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for HS	
10. Proper Adequate Handwashing	CONSUMER A	DVISORY	
11. Good Hyglenic Practices		ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Polsonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbo and Risk F Official Ord today, the it 590.000/fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	Violated Provisions Reprine Illnesses Interventionactors (Red Items 1-22) der for Correction: Base ems checked indicate violetal Food Code. This report Health member or its a Board of Health. Failure report may result in suspensionablishment permit and cent operations. If aggrieves to a hearing. Your requesed to the Board of Health and of receipt of this order E-INSPECTION:	d on an inspection plations of 105 CMR when signed below gent constitutes an to correct violations ension or revocation of essation of food d by this order, you st must be in writing at the above address
Inspector's Signature: Print:	11	Lunhy	1 OV
PIC's Signature: ()	MAZINA MA	DEWALD	Page Of Pages

PIC's Signature: Inspector's Signature: Discussion With Person in Charge: **Establishment Name:** Code Reference MOTON 1047E C - Critical Item R - Red Item 1tom Mar TOWN OF Wood Chean V Print: 10 chays. to complete. 61/ 92/PENT( INVINE Demello いなり Scituate Must Elemontary Date: DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Boards Alson, stassach Stay Della 92 rave a PLEASE PRINT CLEARLY Poplace 0105 Re-inspection Scheduled **L** Coluntary Compliance Corrective Action Required: ☐ Embargo Voluntary Disposal w. Th Surtace 15/ 12/ meon 4 me custodian Low Page: 120 ☐ Employee Restriction / Exclusion Emergency Suspension Emergency Closure Other: No. Yes Date Verified

Form 734 B



ORM 734A

DOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health 600 Chief Justice Cushing Highway Scituate, Massachusetts 02066 Tel. (781) 545-8725 Fax (781) 545-8866

Sen

Jankins Glumentary	Date 9/12/19	Type of Operation(s)  X Food Service	Type of Inspection Routine
Address 54 Vinal Ave	Risk	Retail	Re-inspection Previous Inspection
Telephone 781 545 49 10	Level	Residential Kitchen Mobile	Date:
001 393 1710	HACCP Y/N	Temporary	☐ Pre-operation
(00)		Caterer Bed & Breakfast	☐ Suspect Illness☐ General Complaint
Person in Charge (PIC)Ghick Nelson	Time In:		HACCP
nspector \ \ \lambda \text{EuroMg}	Out:	Permit No.	Other
ach violation checked requires an explanation on the nari	rative page(s) a		
/iolations Related to Foodborne Illness Interventions and /iolations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	Risk Factors equire immediate	Anti-Choke corrective Tobacco	n-compliance with: ing 590.009 (E) 590.009 (F) 4 Awareness 590.009 (G)
OOD PROTECTION MANAGEMENT	☐ 12. Preve	ntion of Contamination from	Hands
1. PIC Assigned / Knowledgeable / Duties	∠ ∏ 13. Hand\	vash Facilities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	pastide. Esperies I a silvanda e
2. Reporting of Diseases by Food Employee and PIC	davit, no distribute que tito.	ved Food or Color Additives	
☐ 3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		
OOD FROM APPROVED SOURCE	_	CATURE CONTROLS (Potentia	lly Hazardous Foods)
4. Food and Water from Approved Source	20 0	ng Temperatures	and the second of the second of the second
☐ 5. Receiving/Condition For one	☐ 17. Rehea	44.00	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	<del></del>	100 land	emos
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Coolin		
PROTECTION FROM CONTAMINATION		nd Cold Holding	
3 8. Separation/ Segregation/ Protection		As a Public Health Control	
☐ 9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBE and Food Preparation for HS	
☐ 10. Proper Adequate Handwashing			, /
☐ 11. Good Hygienic Practices	CONSUMER A	DVISORY Advisories	an 自由開始中華的財政學 (一直)。
	ZZ. Posui	ig of Consumer Advisories	
iolations Related to Good Retail Practices (Blue Items) ritical (C) violations marked must be corrected nmediately or within 10 days as determined by the Board f Health. Non-critical (N) violations must be corrected nmediately or within 90 days as determined by the Board f Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbo and Risk F Official Or today, the i 590.000/fec by a Board order of the cited in this the food es establishme have a righ and submit within 10 da	FViolated Provisions Reported Illnesses Interventificators (Red Items 1-22) der for Correction: Based tems checked indicate violetal Food Code. This report Health member or its at Board of Health. Failured report may result in suspitablishment permit and code to the Board of Health ays of receipt of this order E-INSPECTION:	d on an inspection plations of 105 CMR port, when signed below agent constitutes an eto correct violations pension or revocation of essation of food ed by this order, you est must be in writing at the above address
Inspector's Signature: Print:		Lumba	
PIC's Signature WAN OFF Print:			Page 1 of 1 Pages
ANIMAL COLL			

FORM 734A

FOOD ESTABLISHMENT INSPECTION REPORT

Name Jenkens Elementary	Date 120/19	Type of Operation(s)  Food Service	Type of Inspection  ☐ Routine
Address Sy Vinal Ave	Risk	Retail	Re-inspection
Telephone 78   545 - 4910	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner town	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC) Junice Nelson	Time	Bed & Breakfast	General Complaint
Inspector I Mumha	In: Out:	Permit No.	│
Each violation checked requires an explanation on the narra		and a citation of specific	provision(s) violated.
Violations Related to Foodborne Illness Interventions and I Violations marked may pose an imminent health hazard and re- action as determined by the Board of Health.	Risk Factors quire immediate	No Anti-Chole Corrective Tobacco Allergen	n-compliance with: (ing 590.009 (E)  590.009 (F)  Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties		ntion of Contamination from	Hands
EMPLOYEE HEALTH		vash Facilities	
2. Reporting of Diseases by Food Employee and PIC	the state of the s	FROM CHEMICALS	A A A
3. Personnel with Infections Restricted/Excluded		ved Food or Color Additives	
FOOD FROM APPROVED SOURCE	15. Toxic		
4. Food and Water from Approved Source		ATURE CONTROLS (Potentia	lly Hazardous Foods)
☐ 5. Receiving/Condition Hot		ng Temperatures	///
☐ 6. Tags/Records/Accuracy of Ingredient Statements	17. Rehea	ating Coff	3 Cenyse
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Coolin	507 m	,
PROTECTION FROM CONTAMINATION  8. Separation/ Segregation/ Protection		Cold Holding As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIB	
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for HS	SP
11. Good Hygienic Practices	CONSUMER A		
	☐ 22. Postir	ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbo and Risk F Official Ore today, the it 590.000/fec by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	Violated Provisions Reprine Illnesses Interventinactors (Red Items 1-22) der for Correction: Base tems checked indicate violated Food Code. This report Health member or its a Board of Health. Failure report may result in suspitablishment permit and count operations. If aggrieved to a hearing. Your requested to the Board of Health ays of receipt of this order E-INSPECTION:	ed on an inspection plations of 105 CMR cort, when signed below agent constitutes an eto correct violations pension or revocation of essation of food ed by this order, you est must be in writing at the above address
Inspector's Signature: Print:	J Ma	pply	1/
PIC's Signature Print:	Tanico	Molson	Page of Pages

Inspector's Signatur Discussion With Person in Charge: Establishment Name: Code Reference R - Red Item SWELL ! TOWN OF M Print: Print: top of dishurshor DESCRIPTION OF VIOLATION / PLAN OF CORRECTION amp Out training cent Hicktes PLEASE PRINT CLEARLY Date: Corrective Action Required: O Voluntary Compliance ☐ Voluntary Disposal ☐ Embargo Re-inspection Scheduled 120/19 Page: Z Other: Emergency Suspension ☐ Employee Restriction / Exclusion Emergency Closure No 약 CXes Date Verified

\*ORM 734A

OOD ESTABLISHMENT INSPECTION REPORT

Vame Scituate H.S.	Date/ //9	Type of Operation(s) Food Service	Type of Inspection Routine
Address Colo Old Hills	Risk	Retail Residential Kitchen	Re-inspection Previous Inspection
Felephone SUK 8750	Level	☐ Mobile	Date:
Owner TOWN	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC) Cathy & person	Time	Bed & Breakfast	General Complaint
nspector \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	In: Out:	Permit No.	Other
ach violation checked requires an explanation on the name	ative page(s)	and a citation of specific	provision(s) violated.
/iolations Related to Foodborne Illness Interventions and /iolations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immediat	e corrective Anti-Chol Tobacco Allergen	king 590.009 (E) 590.009 (F) Awareness 590.009 (G)
OOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	_	ention of Contamination from wash Facilities	Hands
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	and a promote that C
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appro	oved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	15. Toxic	Chemicals	
OOD FROM APPROVED SOURCE  4. Food and Water from Approved Source	144 CAR 1954 CA	RATURE CONTROLS (Potentia	ally Hazardous Foods)
5. Receiving/Condition HOT	☐ 16. Cook	ing Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating Oaf	rig Temps
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Coolii		0 - 1
PROTECTION FROM CONTAMINATION		nd Cold Holding  As a Public Health Control	
3. Separation/ Segregation/ Protection		NTS FOR HIGHLY SUSCEPTIE	ILE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food	and Food Preparation for H	SP
☐ 10. Proper Adequate Handwashing	CONSUMER	ADVISORY	STATE OF THE SAME OF THE
11. Good Hygienic Practices	22. Post	ing of Consumer Advisories	
iolations Related to Good Retail Practices (Blue Items) ritical (C) violations marked must be corrected nmediately or within 10 days as determined by the Board f Health. Non-critical (N) violations must be corrected nmediately or within 90 days as determined by the Board f Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodb and Risk Official O today, the 590.000/fe by a Board order of the cited in this the food e establishme have a right and submit within 10 of the cited in the food e establishme have a right and submit within 10 of the cited in the food e establishme have a right and submit within 10 of the cited in the cited	of Violated Provisions Resorne Illnesses Intervent Factors (Red Items 1-22 rder for Correction: Basitems checked indicate viederal Food Code. This red of Health member or its be Board of Health. Failurs report may result in susstablishment permit and content operations. If aggrievent to a hearing. Your requitted to the Board of Health days of receipt of this order RE-INSPECTION:	ed on an inspection olations of 105 CMR port, when signed below agent constitutes an e to correct violations pension or revocation of sessation of food red by this order, you est must be in writing that the above address
Inspector's Signature Manuel Prints	1/1	Turdays	1
PIC's Signature H & Downer Print	Cather	in Epervary	Page of Pages
X	-		

FOOD ESTABLISHMENT INSPECTION REPORT

Name  Scituate High School  Address  606 C J C Hwy  Telephone  781 545 - 8750  Owner  Person in Charge (PIC)  Inspector  Each violation checked requires an explanation on the narr  Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and re	Risk Factors	No Anti-Chole corrective Tobacco	n-compliance with: king 590.009 (E) 590.009 (F)
action as determined by the Board of Health.  FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	☐ 12. Preve	Allergen Antion of Contamination from wash Facilities	Awareness 590.009 (G)
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	d
Reporting of Diseases by Food Employee and PIC	14. Appro	ved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic	Chemicals	
FOOD FROM APPROVED SOURCE  4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	Illy Hazardous Foods)
5. Receiving Condition	16. Cookii	ng Temperatures	<del></del>
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	ating	^
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Coolin	9 of Ret	Tig Temps
PROTECTION FROM CONTAMINATION	— □ 19 Hol ar	d Cold Holding	0
8. Separation/ Segregation/ Protection	☐ 20. Time /	As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBE and Food Preparation for HS	
☐ 10. Proper Adequate Handwashing	∐ 21. F00d	and rood Preparation for His	or /
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories	V
	☐ 22. PO\$(II	ig of Consumer Advisories	
Violations Related to Good Retall Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbo and Risk F Official Or- today, the i 590.000/fed by a Board order of the cited in this the food es establishme have a righ and submit within 10 da	f Violated Provisions Reprine Illnesses Interventifactors (Red Items 1-22) der for Correction: Base tems checked indicate violateral Food Code. This reprint of Health member or its at Board of Health. Failure report may result in suspitablishment permit and count operations. If aggrieve to a hearing. Your requested to the Board of Health ays of receipt of this order	ed on an inspection oblations of 105 CMR ort, when signed below agent constitutes an a to correct violations pension or revocation of essation of food ad by this order, you est must be in writing a at the above address
Inspector's Signature: Print:	JM	umhy	
PIC's Signature: Print: 9-118-11 Print:	Catherin	e Epervary	Page of Pages
FORM 734A			

TOWN OF SCITCLE

Date Verified **Emergency Suspension** Yes ☐ Employee Restriction / Exclusion Emergency Closure of Other: å Page:\_ Tetragacho 1112 Clithin D Corrective Action Required: ☐ Re-inspection Scheduled A Voluntary Compliance 40r DESCRIPTION OF VIOLATION / PLAN OF CORRECTION ☐ Voluntary Disposal ☐ Embargo Jour 180 + のとひ walk in Freezer (ON S PLEASE PRINT CLEARLY Date: dhorme Lornard Shatter jonest Comoloted DROPARING 1245 · 385-1418 Sink 1-eals して午ん カもいのーからる nave Why Combination ne is: 2914 buil65 SURNT Bob Dillon Masr Print: Hair Epavery 200 Discussion With Person in Charge. C - Critical Item R - Red Item Lem ITEM TOR Establishment Name: Murphy Inspector's Signature; KH/TLON Code Reference ACTUR PIC's Signature Motion 00 Item No.

# THE COMMONWEALTH OF MASSAC lassachusetts Department of Public Health lyision of Food and Drugs

#### OOD FOTA DUISUMENT INSPECTION REPORT

OOD ESTABLISHMENT INSPECTION KEI OKT			
vame Wampafuck Elomonary	Date 9 12 19	Type of Operation(s)  ✓ Food Service  ☐ Retail	Type of Inspection Routine Re-inspection
Address 266 Tilden Rd	Kisk Level	Residential Kitchen	Previous Inspection
Telephone SUS 8797		Mobile	Date:
Owner TOWN	HACCP Y/N	☐ Temporary ☐ Caterer	Suspect Illness
Person In Charge (PIC) Rose bra Ha	Time	Bed & Breakfast	General Complaint HACCP
1 11	In:	Permit No.	Other
ach violation checked requires an explanation on the na	Out:	and a citation of specif	ic provision(s) violated.
/iolations Related to Foodborne Illness Interventions and iolations marked may pose an imminent health hazard and action as determined by the Board of Health.	d Risk Factors require immediat	Anti-Che corrective Tobacce Allerger	bking 590.009 (E) 590.009 (F) Awareness 590.009 (G)
OOD PROTECTION MANAGEMENT	_	ention of Contamination from	n manos
1. PIC Assigned / Knowledgeable / Duties	1 -	wash Facilities	
EMPLOYEE HEALTH	11.16	FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Approx	oved Food or Color Additive	S
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		
OOD FROM APPROVED SOURCE  4. Food and Water/from Approved Source	TIME/TEMPE	RATURE CONTROLS (Potent	lally Hazardous Foods)
□ 5. Receiving/Condition Hot Ok	☐ 16. Cook	ing Temperatures	- 500 00
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating St	s Leups
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	ng opi	•
	☐ 19/Hote	nd Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Time	As a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREME	NTS FOR HIGHLY SUSCEPT	BLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	☐ 21. Food	and Food Preparation for	HSP
10. Proper Adequate Handwashing	CONSUMER	ADVISORY AND ADVISORY	t for property and the state of
11. Good Hygienic Practices	☐ 22. Post	ing of Consumer Advisories	
iolations Related to Good Retail Practices (Blue Items) ritical (C) violations marked must be corrected amediately or within 10 days as determined by the Board if Health. Non-critical (N) violations must be corrected amediately or within 90 days as determined by the Board if Health.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodb and Risk Official O today, the 590,000/fe by a Board order of the cited in the food e establishmen have a rigurand submulation within 10 DATE OF	d of Health member or it ne Board of Health. Failt is report may result in su establishment permit and nent operations. If aggrie ht to a hearing. Your req	sed on an inspection violations of 105 CMR report, when signed below a agent constitutes an are to correct violations aspension or revocation of cessation of food eved by this order, you juest must be in writing alth at the above address
Inspector's Signature Prin	nt:	Varpay	Page of Pages
PIC's Signature: 20 Prin	nt: Rose	Gratta	Page 1 01 Pages

FOOD ESTABLISHMENT INSPECTION REPORT

Name Warmo Of UK Elementary	Date 26 19	Type of Operation(s) Food Service	Type of Inspection BT Routine
Address Zlab Tilden Rol	Risk	Retail Residential Kitchen	Re-inspection Previous Inspection
Telephone 264 545 5780	Level	Mobile	Date:
Owner Town	HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC) Rose Gratta	Time	☐ Bed & Breakfast	General Complaint HACCP
Inspector J. Marphy	In: Out:	Permit No.	Other
Each violation checked requires an explanation on the narr	ative page(s) a		
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	quire immediate	Anti-Chok Tobacco Allergen A	590.009 (F) wareness 590.009 (G) Conew
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties		ntion of Contamination from b	Hands
EMPLOYEE HEALTH		vash Facilities	
2. Reporting of Diseases by Food Employee and PIC	16.7	FROM CHEMICALS ved Food or Color Additives	Agent Marine
☐ 3. Personnel with Infections Restricted/Excluded	14. Approv		
FOOD FROM APPROVED SOURCE		ATURE CONTROLS (Potential	ly Hazardous Foods)
4. Food and Water from Approved Source	A second second	ng Temperatures	
5. Receiving/Condition	☐ 17. Rehea	ti	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Coolin	Kattic 1	enps
7. Conformance with Approved Procedures/HACCP Plans		d Cold Holding	v
PROTECTION FROM CONTAMINATION	_	As a Public Health Control	
8. Separation/ Segregation/ Protection 9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBL	
10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for HS	P
	CONSUMER A		11 - 12 - 1 - 12 - 13 - 13 - 13 - 13 - 1
11. Good Hygienic Practices Harrnets  * discussed & Snoereguard	☐ 22. Postir	ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items)			
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.	To Foodbo and Risk F Official Ore	Violated Provisions Rel orne Illnesses Intervention factors (Red Items 1-22): der for Correction: Base	ons on an inspection
23. Management and Personnel (FC-2)(590.003)	590.000/fed	tems checked indicate vio deral Food Code. This rep of Health member or its a	ort, when signed below
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	order of the cited in this	Board of Health. Failure report may result in susp	to correct violations ension or revocation of
27. Physical Facility (FC-6)(590.007)	establishme	tablishment permit and ce ent operations. If aggrieve	d by this order, you
28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)		t to a hearing. Your reque ted to the Board of Health	
	within 10 da	we of receipt of this order	
** walk-in Freezer- all items to shelv	DATE OF RE	E-INSPECTION:	
Inspector's Signature: Print:	of Mu,		
PIC's Signature: Print:-	Kose (	Snette	Page _ of _ Pages